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CENTRAL FAX CENTER**FAX TRANSMISSION****JAN 20 2006****DATE:** January 20, 2006**PTO IDENTIFIER:** Application Number 10/776,934-Conf. #2105
Patent Number**Inventor:** Bo Hansen et al.**MESSAGE TO:** Examiner Bowman, US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS & ANGELL, LLP

Jonathan M. Sparks, Ph.D.

PHONE: (617) 439-4444**Attorney Dkt. #:** 58610(71432)**PAGES (Including Cover Sheet):** 4**CONTENTS:** Certificate of Transmission (1 page)
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Preliminary Amendment and Response to Restriction Requirement (14 pages)
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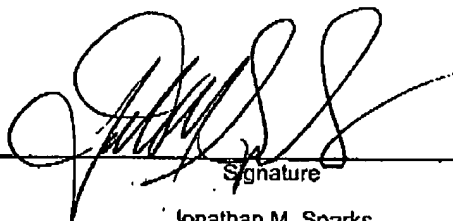
Application No. (if known): 10/776,934

Attorney Docket No.: 58610(71432)

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Transmittal (1 page)

One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Preliminary Amendment and Response to Restriction Requirement

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11052_501X905.1

AMENDMENT TRANSMITTAL LETTER				Docket No. 58610(71432)	
Application No. 10/776,934-Conf. #2105		Filing Date February 10, 2004		Examiner A. H. Bowman	
Art Unit 1635					
Applicant(s): Bo Hansen et al.					
Invention: OLIGOMERIC COMPOUNDS FOR THE MODULATION SURVIVIN EXPRESSION					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	84	- 20 =		x	
Independent Claims	1	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within fifth month					2,160.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					2,160.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>2,160.00</u> A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Jonathan M. Sparks, Ph.D. Attorney Reg. No.: 53,624 EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444					Dated: <u>January 17, 2006</u>

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